MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/822254	
APPLICANT(S)	

2/24/06 CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1		/	1			
2				/		
3				2		
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5						
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9						
10						
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12						
13			/			
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49						
50						
TOTAL IND.			4			
TOTAL DEP.			9			
TOTAL CLAIMS			13			

CLAIM	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						